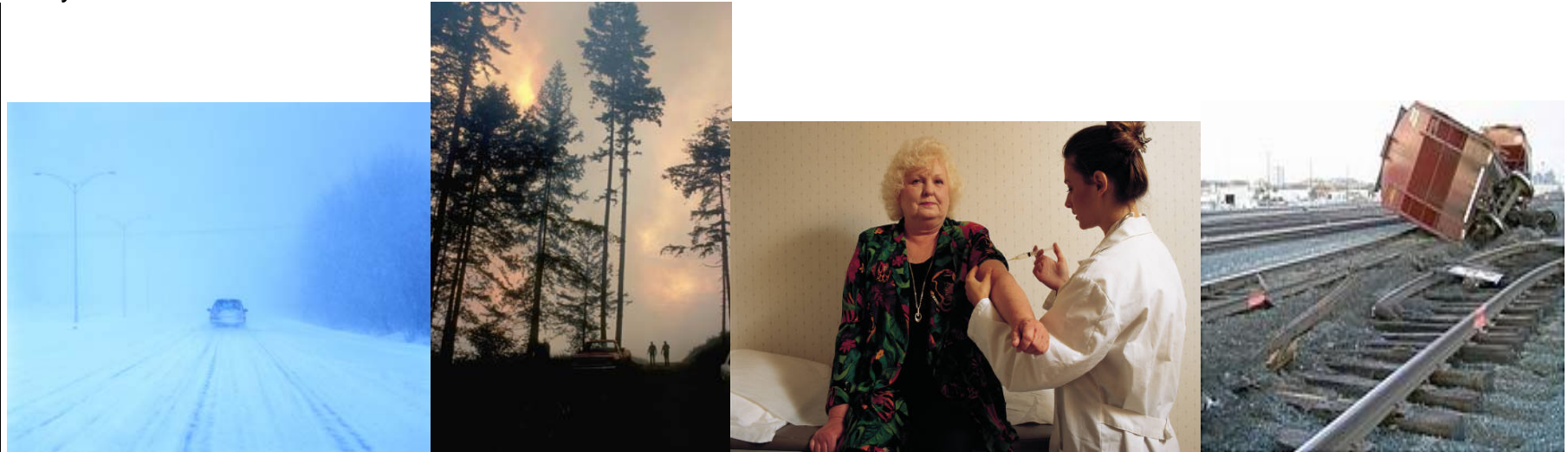


PUBLIC HEALTH PREPARED

Montana's Statewide Public Health Emergency Preparedness Report Card

The focus of the Montana Department of Public Health and Human Services (DPHHS) Public Health Emergency Preparedness Program is to ensure **ALL HAZARD READINESS** for natural, unintentional, and intentional disasters that affect the health and safety of Montana citizens.



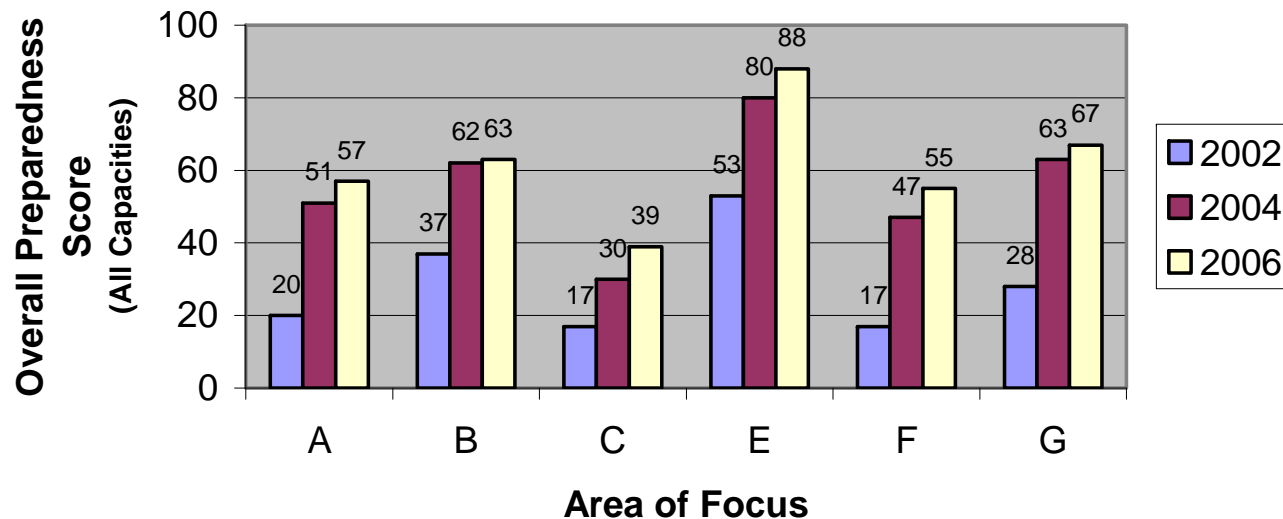
How Prepared Are State and Local Public Health Agencies?

In 2002, 2004, and again in 2006, county and tribal public health agencies completed the Montana Public Health Emergency Preparedness Capacity Assessment. This 85-question survey asked about each jurisdiction's efforts in six key functional areas or **areas of focus**. An index of preparedness or "score" was calculated for each capacity; these were compared to critical capacities and benchmarks for preparedness as defined by the Centers for Disease Control and Prevention. For detailed information about the how the questions were scored, see the *Montana Local/Tribal Public Health Agency Emergency Preparedness Capacity Follow-up Progress Report* (http://www.dphhs.mt.gov/PHSD/emergency-prepared/ExecutiveSummaryLocal_2_9_05.doc).

The statewide report for all 6 key functional areas as well as 15 key capacities for preparedness are highlighted in the following *Report Card*. It is important to remember that each graph reports the **score for progress** in preparedness. These scores are based on the results from all agencies that responded to the survey.

Public Health Preparedness – The “Big Picture”

Montana Public Health Statewide Emergency Preparedness Progress



Six key functional areas have become the “focus” of public health emergency preparedness work and are outlined below. This assessment sought to measure preparedness by comparing, over time, the local public health infrastructure and capacity to respond to public health emergencies of all types and of any scale.

- From 2002 to 2004, statewide preparedness capacity doubled at the local public health level
- Since 2004, statewide preparedness capacity continued to improve at the local public health level across all focus areas.

Public Health Preparedness Areas of Focus

Focus A: Preparedness, Planning, Readiness
 Focus B: Epidemiology and Surveillance
 Focus C: Laboratory Capacity
 Focus E: Communication and Technology
 Focus F: Risk Communication
 Focus G: Education and Training

Assessing the Assessment

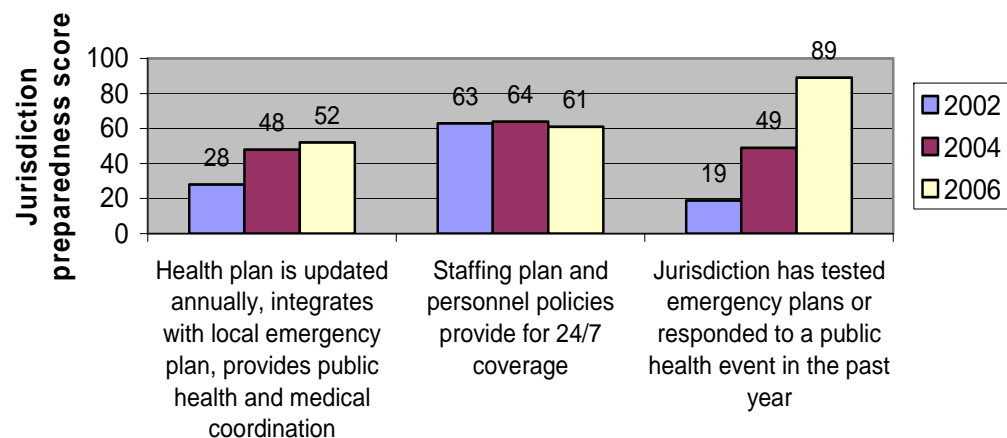
For 2006, 61 local jurisdictions responded to the assessment; 54 responded in 2004 and 53 responded in 2002.

Day-to-day public health is practiced at the local level with technical support and guidance from the Montana Department of Public Health and Human Services (MT DPHHS). The increase in preparedness for local health jurisdictions is a major step in building and maintaining a viable public health system for the benefit of all Montana residents.

State level preparedness has been a priority and success for MT DPHHS as well. DPHHS has established or strengthened partnerships with key stakeholders and other state agencies and has developed the capacity to support science-based, practical public health solutions.

Comparison of Specific Preparedness Capacities (Statewide for 2002 – 2006)

Focus A: Preparedness, Planning, & Readiness "Failure to Plan is Planning to Fail"



"In preparing for battle I have always found that plans are useless, but planning is indispensable."
Dwight D. Eisenhower

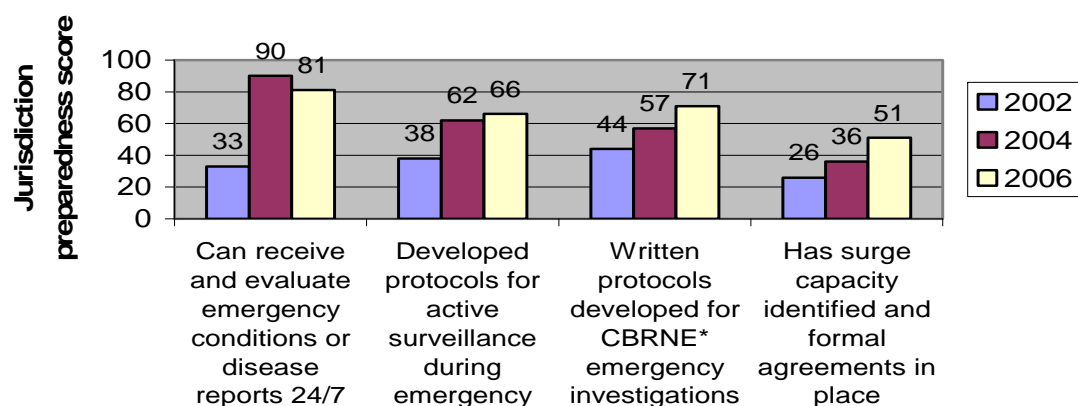
As Dwight D. Eisenhower so eloquently noted, planning is the cornerstone to preparing for challenges. Planning for public health emergencies has forged new relationships between public health and other state and local agencies. It has also asked public health to consider "the unthinkable" – disease outbreaks that would quickly overwhelm local resources or natural disasters that put populations at risk.

The continued development, refinement and testing of all-hazards emergency plans, coupled with a professional public health workforce is critical to everyday public health functions as well as during emergencies.

The ability to detect disease (surveillance), conduct epidemiologic investigation, and use the resulting information to control the spread of illness or disease are cornerstones of everyday public health activities that become even more important during an emergency situation. These activities are the components of Focus B.

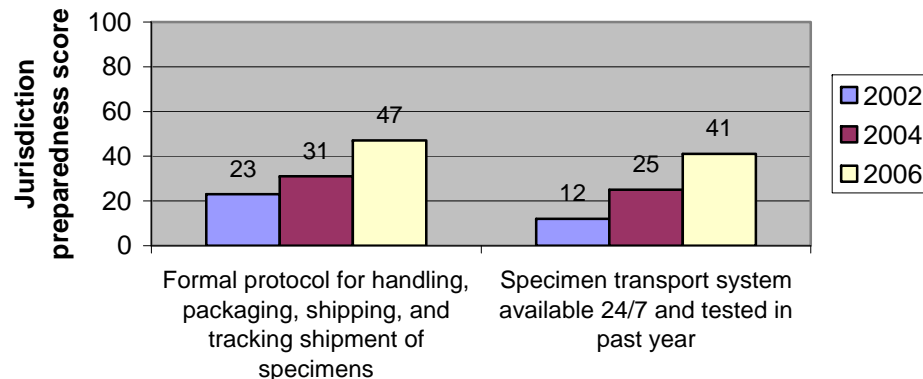
Local jurisdictions have implemented and maintained 24/7 notification systems for disease reporting. Rapid detection and reporting, coupled with protocols to detect additional disease or begin investigations into their causes, is key to control and prevention efforts. Formal agreements with non-traditional partners also provide additional staffing or "surge" capacity needed in emergency situations.

Focus B: Surveillance and Epidemiology "Information for Action"



*CBRNE = chemical, biological, radiological, nuclear, explosive

Focus C: Laboratory Capacity "Know Thy Enemy"



The ability to safely, quickly, and accurately identify an organism, chemical, or other substance that can cause harm is crucial to protect the health of first responders, employees, and the general public.

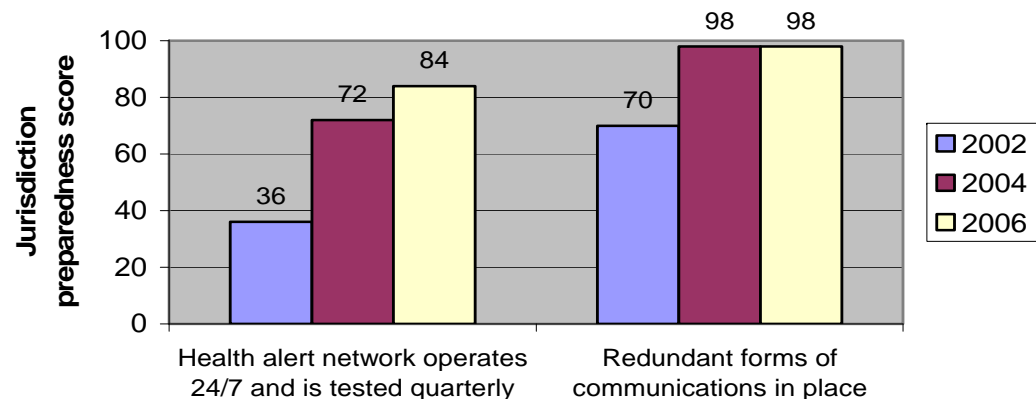
Focus C activities were structured to enhance the ability of health jurisdictions to safely handle, package, and transport specimens to the appropriate laboratories for rapid identification. By utilizing a courier system for transport of routine laboratory specimens, the infrastructure is in place for the rapid delivery of specimens should the need arise.

Capacity of the state laboratory to rapidly detect agents of interest continues to improve as new technologies are assessed and implemented. Many tests that used to take days are now completed within hours at the Montana Public Health Laboratory, ensuring rapid resolution of cases of interest.

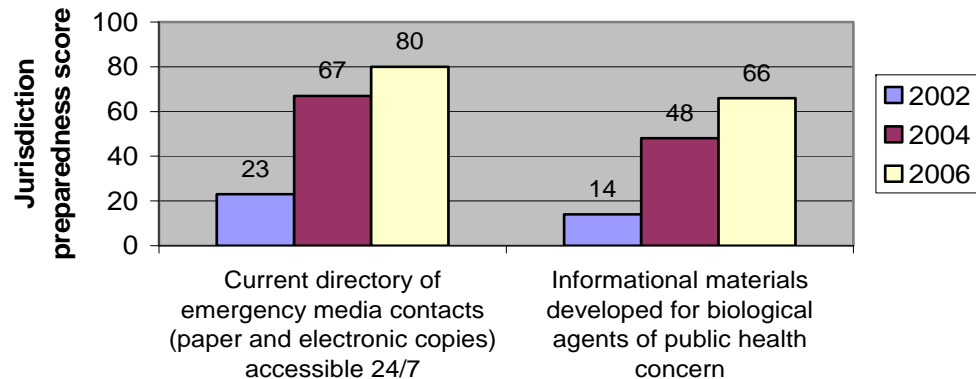
An efficient, reliable and rapid means of communicating important public health information between national, state and local health agencies is essential to inform and update health care providers and first responders during a crisis.

Through Focus E activities, health agencies throughout Montana have developed redundant systems to receive and disseminate vital information related to public health events. Using the Health Alert Network, alerts are routinely received, edited and forwarded to local health care providers throughout Montana within minutes of an event.

Focus E: Communication and Technology "Talk to Me!"



Focus F: Risk Communication "Fast Facts!"



Providing accurate health information is always important, but we all absorb information differently during an emergency. In a public health emergency, what you don't know *can* hurt you.

The need for accurate information from a credible, local public health source in a limited amount of time has prompted local (and state) public health jurisdictions to develop and maintain a current list of media and community contacts that would help spread an accurate message. In addition, they have also developed and updated specific informational materials for agents of public health concern such as bioterrorism agents and influenza. These messages are "ready to go" if and when the need arises.

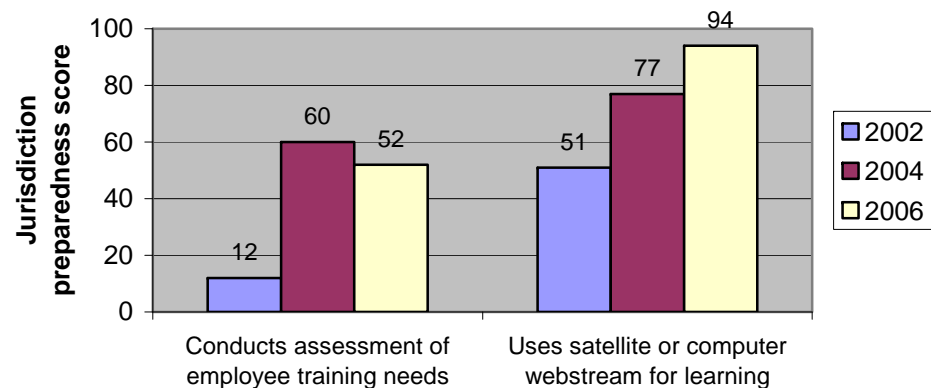
"Learning is not attained by chance, it must be sought for with ardor and attended to with diligence"

Abigail Adams, wife of President John Adams

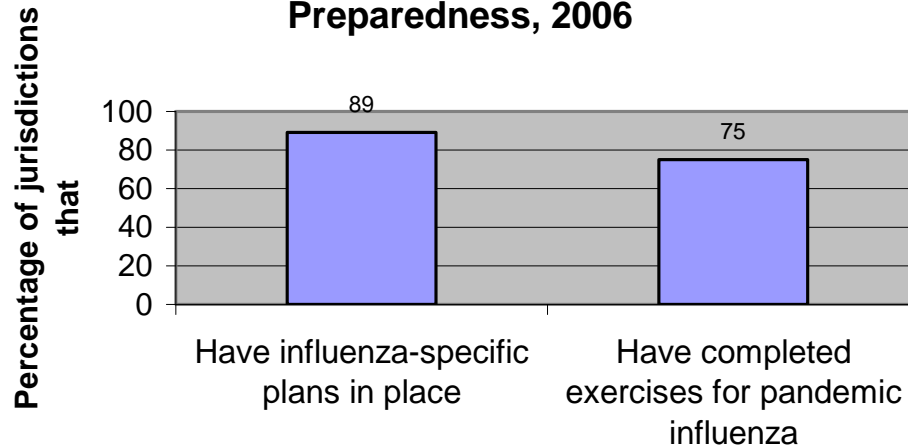
Some areas of public health emergency preparedness were new topics and required extensive training to acquire additional skills. While public health personnel were clearly up to the task, assessments to determine the types of training were, and continue to be, an important part of the "lifelong" learning curve.

Distance always plays a role in accessing training for Montanans. Local health jurisdictions have built the capability to use distance-learning technologies and embraced using them to develop, and teach, new skills.

Focus G: Education and Training "Teaching Public Health to Fish"



Statewide Pandemic Influenza Preparedness, 2006



Funding directed specifically toward pandemic influenza preparedness was received and distributed to local jurisdictions in 2006 and 2007. Initial funding supported the development, refinement and testing of local response plans necessary to respond to an influenza pandemic. We anticipate two more years of federal support to assist us in completing these efforts.

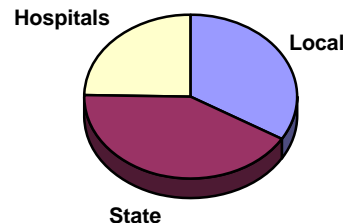
Related initiatives include collaborating with local health care partners to develop plans addressing community medical surge capacity and the distribution of antiviral medications during a pandemic. Other efforts include exercising existing response plans and will help state and local agencies respond to any serious event that may jeopardize the public health.

The majority of funding received has been directly contracted to local jurisdictions and health care partners to support local planning and response efforts.

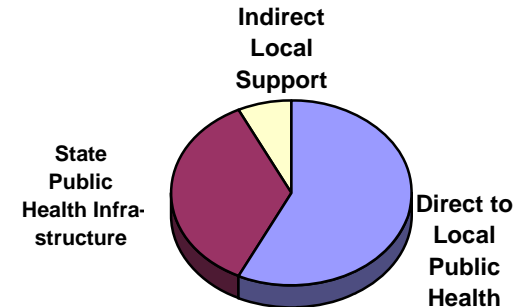
The receipt of preparedness funding in 2002 has led to a dramatic improvement in our local and state public health systems. The most dramatic changes have occurred with the development of a variety of local plans and protocols detailing day to day and emergency procedures.

Through contractual agreements with county and tribal health agencies and an investment in the state infrastructure, Montana's public health system will continue to plan for and respond to new challenges as they are identified.

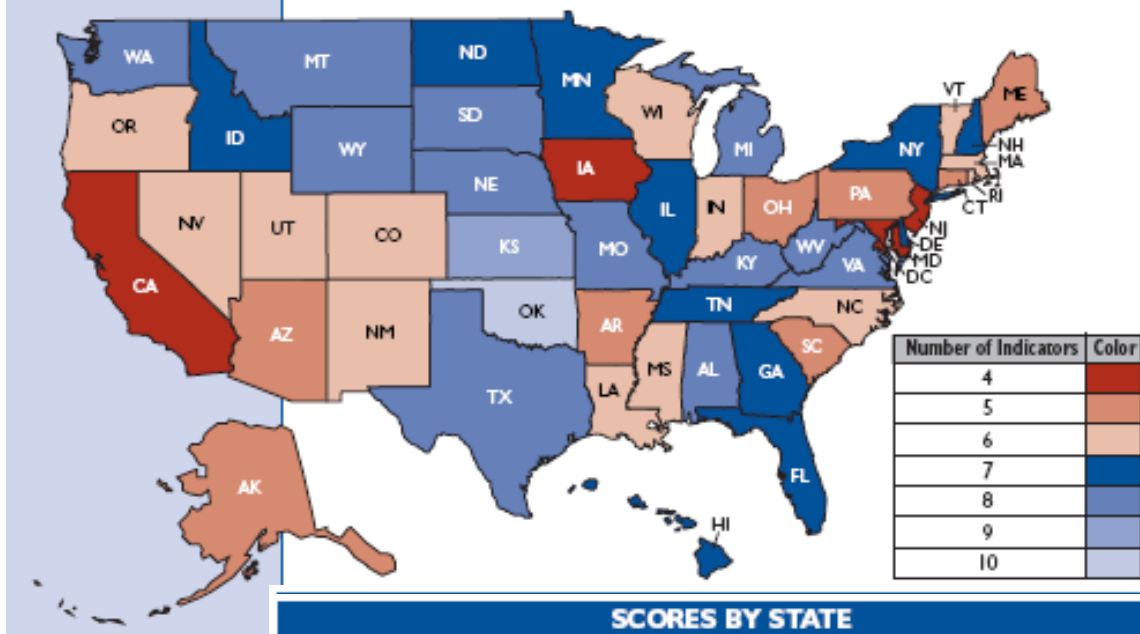
Distribution of Pandemic Influenza Funds, 2006
(App. 1.8 million)



Distribution of Public Health Emergency Funds, 2006
(App. 5.6 million)



Ready or Not?



SCORES BY STATE						
10 (1 state)	9 (1 state)	8 (12 states)	7 (11 states)	6 (13 states)	5 (8 states & D.C.)	4 (4 states)
Oklahoma	Kansas	Alabama Kentucky Michigan Missouri Montana Nebraska South Dakota Texas Virginia Washington West Virginia Wyoming	Delaware Florida Georgia Hawaii Idaho Illinois Minnesota New Hampshire New York North Dakota Tennessee	Colorado Indiana Louisiana Massachusetts Mississippi Nevada New Mexico North Carolina Oregon Rhode Island Utah Vermont Wisconsin	Alaska Arizona Arkansas Connecticut D.C. Maine Ohio Pennsylvania South Carolina	California Iowa Maryland New Jersey



Preparedness: A Work in Progress

In addition to our own evaluation efforts, *Trust for America's Health*, a national, non-profit, non-partisan organization dedicated to making disease prevention a national priority, has been conducting state by state evaluations of the nation's health agencies for four years. In their fourth report "*Ready or Not? Protecting the Public's Health from Disease, Disasters, and Bioterrorism*," they rate each state on their level of emergency health preparedness. Overall, *TFAH* indicates that the nation is still not adequately prepared to respond to many events.

Fortunately, progress is being made in many areas, including Montana. In the most recent survey, Montana (indicated by the red arrow to the left) scored an 8! This means that Montana was considered adequately prepared in 8 of the 10 areas. In fact, *only two states scored higher than Montana in 2006*. States with stronger surge capabilities and immunization programs scored higher in this year's report. This reflects the fact that 4 of the 10 measures focus on these areas. In 2005, Montana received a score of 3, trailing behind 43 states scoring higher.

Montana's state, local, and tribal health agencies will continue to address public health challenges, including those identified in this report, to help ensure the safety of our population.